

**OFFICE OF WOMEN'S HEALTH (OWH) / INShape INDIANA
2011 COMMUNITY MINI-GRANT OPPORTUNITY**

~MINI-GRANT APPLICATION COVER PAGE~

LEAVE BLANK FOR OWH USE ONLY

NUMBER _____ DATE RECEIVED _____ STATUS _____

1. TITLE OF PROJECT:

2. APPLICANT:

3. ORGANIZATION'S TAX IDENTIFICATION NUMBER:

4. TOTAL AMOUNT OF FUNDING REQUESTED (Circle one):

\$1000 \$1500 \$2000 \$2500 \$3000

5. Date Submitted:

6. FISCAL OFFICER ASSURANCE: I agree to accept responsibility for the fiscal conduct of this project and to provide the required financial reports, if a grant is awarded, as a result of this application.

Printed name of Fiscal Officer

Signature

Title

Date

7. APPLICANT CERTIFICATION: To the best of my knowledge, the data and statements in this application are true and correct. The applicant agrees to comply with all State/Federal statutes and Rules/Regulations applicable to the program. My signature indicates that I have the authority to represent the applying organization listed above.

Printed name of authorized official

Signature

Title

Date

**OFFICE OF WOMEN'S HEALTH/ INshape INDIANA
2011 COMMUNITY MINI-GRANT OPPORTUNITY**

CONTACT INFORMATION

TITLE OF PROJECT:

APPLICANT:

PROJECT CONTACT

NAME _____

TITLE _____

ADDRESS _____

TELEPHONE _____ **FAX** _____

EMAIL _____

FISCAL CONTACT

NAME _____

TITLE _____

ADDRESS _____

TELEPHONE _____ **FAX** _____

EMAIL _____

AUTHORIZING AGENT

NAME _____

TITLE _____

ADDRESS _____

TELEPHONE _____ **FAX** _____

EMAIL _____

**OFFICE OF WOMEN'S HEALTH/ INShape INDIANA
2011 COMMUNITY MINI-GRANT OPPORTUNITY**

PROJECT ABSTRACT

*Please use Arial 11 font when responding to application questions. Must be received by US Mail or by email to mmcgill@isdh.in.gov by end of business day on **Monday, June 27, 2011**.

TITLE OF PROJECT:

APPLICANT:

PROJECT CONTACT:

CONTACT'S TITLE:

AMOUNT OF AWARD YOU ARE APPLYING FOR:

FUNDING PRIORITY YOU WILL BE ADDRESSING:

ANTICIPATED PROJECT DATE:

GEOGRAPHIC AREA TO BE SERVED (please include demographics):

ANTICIPATED NUMBER OF WOMEN YOU WILL REACH:

PROJECT ABSTRACT (brief overview: 300 words or less):

PROJECT DETAILS

*responses to these questions may total 5 single spaced pages using Arial 11 pt font; “Women out Walking” applicants must also respond

Project Title _____

- 1) Describe your project or the event you are planning. Describe the need in your community and the reason you have selected the funding priority area you have chosen (include data, statistics, needs assessments results, etc.).

- 2) Describe your target audience. Give specifics on geographic area, age, race, occupation, etc. In what way will your project be gender-specific? In what way is your project being tailored to meet their identified need?

- 3) Discuss planning details with as much breadth as possible. If you have draft timelines or agendas, please include those documents. Include information on possible speakers, topics, activities, promotion and community engagement strategies, plus potential follow-up with participants. Identify interventions selected, and provide justification as to why these strategies are the best fit for the applicant’s community.

- 4) List all community partners/organizations working with you on your project. Please be sure to briefly address what experience each partner may have with previous chronic disease prevention and control activities within the community. If applicable, describe any successes you or your colleagues may have had with population-wide change. If applicable, specific examples are welcomed.

- 5) Describe relevant training and/or experience of lead personnel on the issues described as the funding priority areas.
- 6) List three (3) measurable goals for your project/event:
- 1)
 - 2)
 - 3)
- 7) Aside from this mini-grant, how do you plan to fund your project/event? Please discuss your past experience with funds management. Please list potential as well as confirmed sponsors and/or organizations contributing to your project/event. Please also create and submit a budget proposal detailing how you intend to use the funding provided through the mini-grant agreement. Itemize, where possible. Include a budget justification with a description of how the proposed purchases will be used. During the grant period, this budget may be modified upon written notification to Morgan McGill at mmcgill@isdh.in.gov.
-
- *there will be no reimbursement of pre-award costs
*funds may only be expended for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual (awardees may not generally use funding for the purchase of furniture and equipment; please indicate proposed spending in budget)
*all travel, mileage reimbursement, and per diem rates must be the same as State of Indiana accepted rates
*be sure to include any donations or in-kind services that will be used for this project in the budget
- 8) How will your project/event be evaluated (quantitative/qualitative; process/impact/outcomes)? Please identify methodologies you plan to use in your evaluation processes.
- 9) Please include a description of strategies you will use to ensure sustainability of effort beyond the funding period.

Thank you for applying for the 2011 OWH/INShape Indiana Community Mini-Grant Opportunity! We appreciate your commitment to improving the health of Indiana Women!